State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

OIL CONSERVATION DIVISION

WELL API NO.	-
	30-025-21928
f Indianta Tem	of Lease

P.O. Box 1980, Hobbs, NM 88240 P.O. Box 1980, Hobbs, NM 88240		2088	WELL API NO. 30-025-21928			
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088			5. Indicate Type of Lease STATE			
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.	K-2604		
OUNDDY NO	TICES AND REPORTS ON V	WELLS				
(DO NOT USE THIS FORM FOR PE DIFFERENT RESI	ROPOSALS TO DRILL OR TO DEE ERVOIR. USE "APPLICATION FOR C-101) FOR SUCH PROPOSALS.)	PEN OR PLUG BACK TO A	· 7. Lease Name or Unit Agreement	t Name		
1. Type of Well: OIL GAS WELL [X] WELL	OTHER		Bagley-State	•		
2. Name of Operator		<u></u>	8. Well No.			
Sabre Operating Ind	7		9. Pool name or Wildcat			
3. Address of Operator	chita Falls, Tx 76308		Bagley Permo Penn,	North		
4. Well Location	Jiita raiis, ix 70300	and a sign of the same of the	1 200,207 2 200.00			
Unit Letter B : 70	66 Feet From The North	Line and 187	7 Feet From The East	Line		
Section 16	Township 11S	Range 33E ether DF, RKB, RT, GR, etc.)	NMPM Lea	County		
	//////	4248' GL	<i></i>			
	Appropriate Box to Indica					
NOTICE OF IN	ITENTION TO:	SUB	SEQUENT REPORT O	OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING C	ASING		
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	G OPNS. PLUG AND A	BANDONMENT		
PULL OR ALTER CASING		CASING TEST AND CI	EMENT JOB	١		
OTHER:		OTHER:				
12. Describe Proposed or Completed Operator SEE RULE 1103.	crations (Clearly state all pertinent deta	ils, and give pertinent dates, inclu	ding estimated date of starting any pr	roposed		
•						
2/20/96 (1) Set CIBP (2) Tag CIBP	on wireline @9900' w/tbg. circ. hole w/	mud laden 10# brin	e.			
(3) 25sx. 14	.8# class "C" @9900'	Calc. TOC 9654'				
(4) 25sx. 14	.8# class "C" @6200'					
	4.8# class "C" @4050'		shoe. (TAG W/TBG.			
2/23/96 (7) 60sx. 14 2/23/96 (8) 30sx. 14						
	dry hole marker.					
I hereby certify that the information above is	true and complete to the best of my knowleds	ge and belief.				
SIONATURE TALLAN	Fuld	mu: Agent		18/96		
, , , , , , , , , , , , , , , , , , , ,	Fields		(915) Telephone	8 NO. 366-1852		
(This space for State Use)		\$20 E 50 AS 19425	ector MA	Y 0 7 1996		
I have	4, 11					
AITROVED BY AUCK	Triffee	TITLE	DATE	······································		
CONDITIONS OF AFFROVAL, IF ANY:	P. r					

